## STATE OF MAINE WORKERS' COMPENSATION BOARD OFFICE OF MONITORING, AUDIT & ENFORCEMENT

 $\mathbf{v}$ .

## ARROW MUTUAL LIABILITY INSURANCE COMPANY

## CONSENT DECREE

NOW COME the parties and agree as follows:

1. That the following form is required pursuant to 39-A M.R.S.A. and/or Board-approved Rules:

Date of Injury Forms Filed Late

Jason Little March 4, 2005 WCB-2A, Schedule of Dependents and Filing Status Statement

- 2. That the form listed above was filed late.
- 3. That the failure to file the foregoing form timely represents one (1) violation of 39-A M.R.S.A. §360(1)(B).
- 4. That nothing in this agreement shall be construed as a waiver of the Workers' Compensation Board's right to seek additional penalties pursuant to 39-A M.R.S.A. §359(2) or 39-A M.R.S.A. §360(2) or both sections.

WHEREFORE, pursuant to 39-A M.R.S.A. §360(1)(B), Arrow Mutual Liability Insurance Company shall pay a civil forfeiture of \$100.00 for the foregoing violation, payable to Treasurer, State of Maine. The penalty payment shall be sent to the to the attention of Mr. Steven Minkowsky, Deputy Director of Benefits Administration, Workers' Compensation Board, 27 State House Station, Augusta, Maine 04333-0027.

Dated: 10/4 0C

Bob Keyes

Arrow Mutual Liability Insurance Company

Dated: October 16, 2006

Steven P. Minkowsky

Deputy Director of Benefits Administration

Workers' Compensation Board

Dated: October 17, 2006

Jan McNitt

Supervisor of the Abuse Investigation Unit

Workers' Compensation Board